

PROGRAM of ASSERTIVE COMMUNITY TREATMENT (PACT) AND THE IMPORTANCE OF HOUSING

The Program of Assertive Community Treatment (PACT) is an effective, evidenced-based, recovery-oriented mental health service. PACT utilizes a trans-disciplinary team approach to provide intensive outreach-oriented treatment and services to individuals with severe and persistent mental illnesses and co-occurring disorders. PACT is for individuals who have high use of psychiatric hospitalization and crisis services, have difficulty benefiting from traditional services, and may have a high risk or history of arrest and incarceration. In Washington State, Western and Eastern State Hospital patients, who meet discharge criteria, have priority for PACT services.

Utilizing a client-centered approach, team members carry low caseloads which allows for individualized care and frequent contacts (1-10 staffing ratio). Services are available 24/7 and directed to consumer needs with 75% to 85% of outreach delivered in the community. All services are intended to support recovery and fully reintegrate the consumer into the community.

In July 2007 six western Regional Support Networks (RSNs) began serving clients in seven [PACT teams](#) and three eastern RSNs began serving clients in October 2007 (Map Link via "[PACT teams](#)"). Each PACT team is presently enrolling an average of 4-6 consumers per month until full capacity is reached. The goal of the 10 PACT teams is to gradually enroll consumers to serve a total of between 648 to 800 individuals statewide.

The Mental Health Housing Action Plan, developed through a contract with Common Ground, presents the consultant's recommended package of budget and policy initiatives to address one critical element of the high utilization of Eastern and Western State Hospital, the lack of appropriate community based housing for people with mental illnesses. The report concludes:

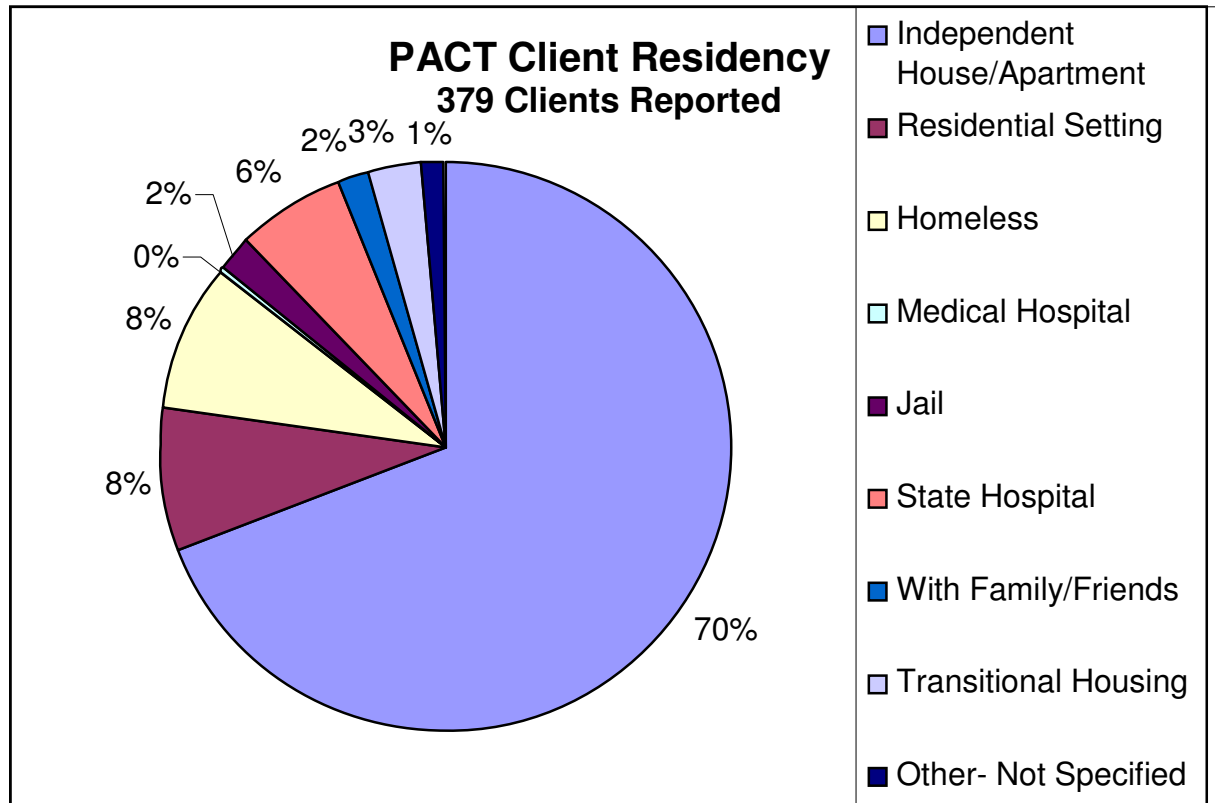
- Stable housing is an integral element of recovery for every individual with a mental illness.
- In a recovery based system there is an increased emphasis on consumer choice and a preference for housing models that promote independence.
- Among the most effective housing alternatives that respond to the tenets of recovery is permanent supportive housing (PSH) that requires an intensive – individualized set of services, much like PACT.
- There is solid evidence that providing community based PSH is a cost-effective alternative to the revolving door of the street, shelter, emergency rooms, psychiatric hospitals, jails, and prisons.
- Creating successful housing alternatives for people with mental illness will require strong partnerships with other state-level agencies, homeless housing advocates and planners, federal and local housing funding entities and governmental, non-profit and for-profit housing providers.
- It will require development of new housing, rehabilitation of existing housing and increased access to existing units.

In May 2008 the Mental Health Division surveyed all PACT teams to:

- Determine clients' current housing status.
- Document the challenges PACT staff and clients have experienced identifying, obtaining and retaining appropriate housing in the community.
- Identify the incidence of delayed or insufficient housing placement.
- Project anticipated challenges in housing future clients.

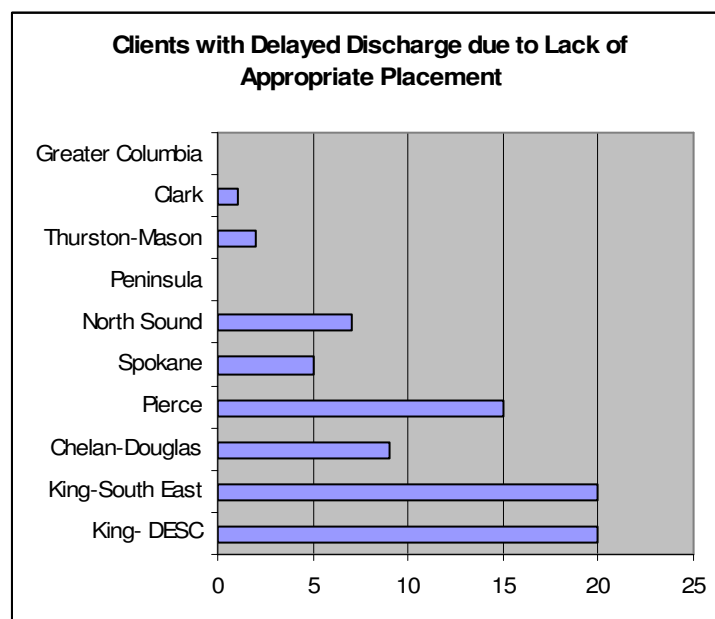
In summary, all the PACT teams have spent substantial amounts of their valuable treatment capacity creating housing alternatives. They have shown a high level of commitment and creativity to that end but universally foresee significant future shortages in housing for new clients and fear the continuation of housing for some current clients. Stable and independent housing is essential for the continued ability of PACT clients to remain independent and progress toward recovery. A summary of their responses are shown below.

1. Current residence of PACT clients. Please indicated the number of clients who currently reside in each of the below categories of housing.



2. Since your PACT team has begun accepting clients to the program have there been instances when a prospective client's discharge from state or community inpatient setting has been delayed due to lack of an appropriate housing alternative?

8 out of the 10 PACT teams reported having instances when prospective client's discharge from state or community inpatient setting has been delayed due to lack of an appropriate housing alternative. The estimated total number of delayed clients from these 8 PACT teams is 80 clients.



Please Note: DESC states that their numbers would be significantly higher if DESC had not opened a new housing project with 35 units dedicated to PACT clients.

3. Since your PACT team has begun accepting clients to the program have there been instances when a prospective client is discharged from a state or community inpatient setting WITHOUT appropriate housing (e.g., homeless shelter, streets)?

8 out of the 10 PACT teams have had instances when a prospective client is discharged from a state or community inpatient setting without appropriate housing. 2 of the teams had 5 or more instances of this occurring. And overall a total of 34 clients were discharged from a psychiatric hospital without appropriate housing in place.

4. Are you concerned about having the appropriate type and amount of housing alternatives for the clients who will be added to the team's cases over the next six months?

All 10 PACT teams indicated concern. Comments included:

- Property Managers are not willing to lease to clients with rental history of evictions, poor credit histories, low income or felony criminal records.
- Individuals living in temporary housing or homeless shelters are in need of permanent housing.
- Most clients prefer and do better in single-person dwellings (such as studio or one bedroom apt) but the community is running out of these resources.
- Some clients do not immediately qualify for subsidized housing (Section 8 or Shelter Plus).
- Availability of affordable housing is steadily worsening. The local housing authority is closing over 500 units of low income housing which will create competition for lower income market housing.

5. Any other housing-related comments or issues you would like to share?

Chelan- Douglas- Housing is one of the biggest challenges that the Chelan-Douglas PACT team faces in working with our clients towards their goals and an ongoing drain on limited financial resources. I also would recommend that you speak to some of our clients to get an idea of the enormous impact that poor housing resources have on every aspect of a person's life and well-being.

Clark- The team has been able to find affordable housing for the majority of our clients. However, this housing is scarce and it often takes a great percentage of the team's time to secure these options.

Greater Columbia- Our local Community Action Committee had funding to assist with housing as our program initially began. That has since run out and it will likely be more difficult now to help clients find appropriate housing. Relationship building with landlords has been quite beneficial, but there is certainly a concern as we take in more clients that this will be more of a struggle.

King- DECS –

We need more housing available. We need enough options to cover the 4-6 new PACT clients per month we're trying to enroll.

We need housing that is designed for people coming straight out of institutions since HUD often has exclusions, depending on the funding, for people who aren't "on the street" experiencing homelessness.

We need ALL patients in a State hospital to have State ID cards & Social Security cards—getting housing before discharge without these things is very challenging to nearly impossible depending on the housing/landlord.

We need a variety of options of housing, including completely independent apartments as well as those with on-site supports.

We need relationships with landlords/housing programs who will work with our agencies/clients to get people into housing and not exclude them due to hospitalization history, criminal history, etc.

We're very slow to enroll people now due to lack of housing options. We can & do enroll people who aren't in housing or who have to live in the shelter, but the success rate of this is lower.

People who are in/out of jail a lot and/or local psychiatric hospitalizations also need some immediate place to go after release/discharge. Not all of our referrals are in the State hospital (though most are) but those who have a more pressing time frame often end up getting shorted in not having a stable living situation planned.

King- South East- Housing issues have been one of the biggest difficulties we have faced in launching the program and in bringing out clients. Often times, the clients have criminal histories which make them difficult to place in housing. In addition, when we bring people out from Western State Hospital almost without a doubt the holdup in bringing them out is in getting the information from hospital social workers that is required to place them in housing. (state ID, SSA card and income verifications)

North Sound- Housing is one of the more difficult and time-consuming issues that our PACT team has to address – the process is very top heavy in terms of being bureaucratic – delays have been experienced both in terms of having units available but also in terms of getting people qualified for subsidized housing. Thankfully, more transitional housing resources have been made available to our program.

Peninsula-

Kitsap Mental Health Services, the parent agency of the Kitsap PACT team, has either ownership or direct control of over 75 community placements. These units are designated for the use of the over 1000 adult clients served annually, and all of the units are subsidized from one temporary funding source or another. Several PACT clients live in these units.

Additionally, in anticipation of PACT, KMHS secured 2163 grant money (around \$94, 750 per year for the next two years) specifically to subsidize rents for clients coming out of hospitals or jails. The PACT team has exclusive, direct access to these funds and they have been instrumental in allowing the team to place clients in settings where they have a better chance for success (i.e. better neighborhoods, better access to resources, etc.)

KMHS has a Housing Supervisor who has excellent knowledge of local housing options, in addition to excellent relationships with local landlords, always knowing which landlord will accept which behaviors, criminal backgrounds, etc. Based on his credibility he is often able to get landlords to take clients, including those served by PACT, that they normally wouldn't.

None of these resources are guaranteed to be renewable and none of them are currently reimbursable through PACT funding. It has only been through the creative use of all of them that the KMHS PACT team has had the level of success that they have had thus far in attaining and maintaining placements for PACT clients. It would be highly desirable to develop sustainable, PACT specific housing options in the future.

Pierce- The Pierce County PACT Team has adjusted its staffing profile by adding a Residential Specialist position to assist with the pressing and pervasive housing needs of newly referred/admitted clients.

Thurston Mason- Many of the client's coming out of a community or state hospital have sexual assault, violent, or destruction to property issues that is preventing them from acquiring appropriate housing. These issues prevent these clients from accessing the section 8 voucher system and the client's do not have enough funds to rent a private residence. We are particularly having difficulties finding housing for sex offenders as most apartment complexes will not accept them and so far we have been unsuccessful in locating special housing options for sex offenders within the Thurston-Mason counties.